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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

C Name of organization Pearlstone Family Fund, Inc Doing business as Number and street (or P O box if mail is not delivered to 101 West Mount Royal Avenue City or town, state or province, country, and ZIP or foreign Baltimore, MD 21201 Ing F Name and address of principal officer Is	o street address) lign postal code ao) 4947(a)(1) of L value ated: Jewish Conons in furtherance operations or it VI, line 1a). aing body (Part V, line 12) T, line 34 L value 34	Year of formous: The Finnunity Fee of the mindisposed VI, line 1b ine 2a)	H(a) is this a H(b) Are a If " H(c) Grou ation 1982 oundation was ederation of E ssion of The of more tha	52-1249913 E Telephone 410-727-48 G Gross received group return for subordinates in the subordinates in the subordinates in the subordinate in the	number 828 spts \$ 5,581, ordinates Yes X N included YYes N it (see instructions) imber I legal domicile MD arry out the (The Associated)
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expenses (Part IX, column (A), lines 11a-11d, 11f	f–24e)			161,110	161,
expenses. Add lines 13-17 (must equal Part IX, co	olumn (A), line	25)		1,214,259	1,212,
ue less expenses. Subtract line 18 from line 12	<u>,</u>			856,821	(57,
			Beginning of (Surrent Year	End of Year
assets (Part X, line 16)				8,836,862	17,113,
•				0	
,				8 836 862	17,113,
	20		1	.0,000,002	
	sional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25 expenses (Part IX, column (A), lines 11a-11d, 11 expenses. Add lines 13-17 (must equal Part IX, cue less expenses. Subtract line 18 from line 12	sional fundraising fees (Part IX, column (A), line 11e)	expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12	sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12 ussets (Part X, line 16)	sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	The Foundation was created to carry out the charitable, educational and religious purposes of The Associated Jewish Community
	Federation of Baltimore, Inc. (The Associated) The Foundation makes grants to public charitable organizations in furtherance of the mission of The Associated
	mission of The Associated
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,050,405 including grants of \$ 1,050,405) (Revenue \$)
Tu	Provide grants to public charitable organizations in furtherance of the mission of The Associated Jewish Community Federation
	CD by the second of the second
	of Baltimore, inc
4b	(Codo: \(\frac{1}{2}\)\(\frac{1}{2}\
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	(· · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
-70	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses \(\bigs\) 1 050 405

Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_{X_}
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	6 \$ 9 490	* >	* .``\
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х

Part	V Checklist of Required Schedules (continued)			
	•		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ĺ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_ x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	•		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<i>\$</i>	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		<u> </u>	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		X
32	complete Schedule N, Part II	20		\ ,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	_
•	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_^_	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		 ^ -
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	550	-	 -
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 ^
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		 	<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
		100		<u></u>

Part				_
	· Check if Schedule O contains a response or note to any line in this Part V	 -	· ·	
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
1a 	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			. i
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c		i
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0	i l		. !
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time dunng the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			*
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,,,		
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ا ـــــا
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u>- </u>		<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12			·
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			·
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders]		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	!		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	∤		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40=	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			1
D	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	1000 000 000 000 000 000 000 000 000 00	14b	T	
		Forr	n 99 0	(2015)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	Į	*	,
	If there are material differences in voting rights among members of the governing body, or		,	, 1
	if the governing body delegated broad authority to an executive committee or similar		*	1
	committee, explain in Schedule O.			A .
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	j
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-Ā	
	the year by the following:		,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	-	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ł	,	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		•	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	1.00	L	ł
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.		.,,5,0)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
	financial statements available to the public during the tax year			, ,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords		
	Marrivo Loux 101 West Mount Royal Avenue Baltimore MD 21201 410-727-4828	, 40		

Form 990 (2	(015)
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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1				C)				li Gilloci, directo	,
(A)	(B)	(do r	not ch		sition more	e than o	one	(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	ss pe	erson	is both	an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo		Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Marc B Terrill	25									
President and Public Director	40 0	1 x	1	x		ĺ		0	574,947	79,866
(2) Richard L Pearlstone	25								, -	
Vice President and Donor Director		<u>x</u>		X				0	0	0
(3) P Justin Pearlstone	25									
Vice President and Donor Director		X		X				0	0	0
(4) Michael I Friedman	.25									
Secretary/Treasurer and Public Director		X		Χ				0	0	0
(5) Amy Elias	.25									
Donor Director		X			<u> </u>			0	0	0
(6) Josh Fidler	25							1		
Public Director		X	ļ					0	0	0
(7) Darrell D Friedman	25							}		
Public Director		X	_		_			0	0	0
(8)										
(9)										
(10)			-							
(11)			-		-					
(12)			 	-						<u> </u>
(13)			-							<u> </u>
(14)			-							

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	•				•	C)					
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)	(F)
•	Name and title	Average hours per					ıs both		Reportable compensation	Reportable compensation from	Estimated om amount of
		week (list any				_	or/trus		from	related	other
		hours for related	Individual trustee or director	nstiti	Officer	Key employee	mple mple	Former	the organization	organizations (W-2/1099-MIS	
		organizations	dua	tior	۳ ا	duk	st c	٩	(W-2/1099-MISC)		organization
		below dotted line)	بر <u>ت</u> ر	nal ti		loye	om p				and related organizations
			stee	institutional trustee		9	Highest compensated employee				5. ga
				ď			ated				
(15)											
(16)											
(17)											
<u> </u>											
(18)		<u> </u>									
(19)											
(20)											
(21)		<u> </u>									
(22)											
(23)											
(24)								-			-
(25)		<u> </u> 									
1b	Sub-total	. ,							0	574,9	47 79,866
С	Total from continuation sheets to Part	VII, Sectio	n A					▶			
d	Total (add lines 1b and 1c)							>	0	574,9	47 79,866
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100	,000 of
											Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compens	
	employee on line 1a? If "Yes," complete										· 3 X
4	For any individual listed on line 1a, is the organization and related organizations										
	individual	greater th	an p	150,	JUUL		10	۵,	complete Sci	ledule 3 loi :	4 X
5	Did any person listed on line 1a receive of									zation or indivi	
0	for services rendered to the organization	? If "Yes," c	compl	ete	Scr	iedu	ile J i	or s	such person	<u> </u>	· 5 X
Section 1	on B. Independent Contractors Complete this table for your five highest		od inc	done	ond	ont	contr		ore that receive	nd more than	\$100,000 of
•	compensation from the organization. Repyear.										
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensation
								\vdash		-	
							-				
-				-				-			<u> </u>
	Total number of independent and in-	an finalish				٠٠ ١١			المراجعة ممم	ا عادد العدد	
2	Total number of independent contractor received more than \$100,000 of compens							υtr	iose listed ad	ove) wno [.	

Par	VIII	Statement of Reve				5 11/111		
		Check if Schedule C	ocontains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, g and similar amounts not inc Noncash contributions include	tributions) 1b 1c 1c 1d 1d 1tributions) 1e 1tributions 1fts, grants, 1duded above 1f	157,000		•		
	h	Total. Add lines 1a-1	f	. , , 🕨	157,000	·		*
Program Service Revenue	2a b c d			Business Code				
rogi	f o	All other program sen						. 1
<u></u>	3 4 5	Total. Add lines 2a–2 Investment income and other similar amo Income from investmen Royalties	(including divid	ends, interest,	275,896			275,896
	6a b c	Gross rents Less. rental expenses Rental income or (loss)	(i) Real	(ii) Personal	\$ 4 % 10 m	» » ,	***	· * * · · · ·
	d 7a b	Net rental income or of Gross amount from sales of assets other than inventory Less, cost or other basis and sales expenses	(i) Securities 5,148,478 4,426,237	(ii) Other	0			
	c d	Gain or (loss) . Net gain or (loss)	722,241	>	722,241			722,241
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18						
Oth	С	Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19	rom fundraising aming activities.		0	····		
	С	Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gaming activentory, less		0			
	b c	Less: cost of goods s Net income or (loss) f Miscellaneous F	sold b rom sales of inv	entory D Business Code	0			
	11a b c d	All other revenue .						
	e 12	Total. Add lines 11a-	11d	>	0			998 137

Part IX Statement of	Functional Expenses
----------------------	---------------------

Sectio	n 501(c)(3) and 501(c)(4) organizations must com									
Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	1,050,405	1,050,405							
2	Grants and other assistance to domestic individuals See Part IV, line 22									
3	Grants and other assistance to foreign			•						
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members		·							
5	Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified			-						
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management									
b	Legal									
C	Accounting									
d e	Lobbying		· · · · ·							
f	Investment management fees	161,431		161,431						
g	Other (If line 11g amount exceeds 10% of line 25, column	101,431		101,431						
3	(A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion									
13	Office expenses		ļ							
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel	473		473						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22 23	Depreciation, depletion, and amortization .									
	Insurance				i					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				,					
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)		Ì							
а		-								
b										
С				_						
d										
е	All other expenses									
25	Total full cuonal expenses. Add lines 1 through 24e	1,212,309	1,050,405	161,904						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			!						
			Į.	l						

Part X Balance Sheet

 Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former trustees, key employees, and highest compen 	sated employees. defined under section	644,485	1 2 3 4	763,805 100,000	
 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former 	officers, directors, sated employees.	644,485	3		
4 Accounts receivable, net5 Loans and other receivables from current and former	sated employees. defined under section			100,000	
5 Loans and other receivables from current and forme	sated employees. defined under section		4	100,000	
•	sated employees. defined under section		~		
trustees key employees and highest comper	defined under section		~		
Complete Part II of Schedule L			5		
6 Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions) Complete Part II of Schedule L	mployees' beneficiary		6		
organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net			7	•	
8 Inventories for sale or use			8		
9 Prepaid expenses and deferred charges			9		
10a Land, buildings, and equipment: cost or		\$ & >		* * * / *	
other basis. Complete Part VI of Schedule D 10a	·	3 * * } *		<u> </u>	
b Less: accumulated depreciation 10b			10c	0	
11 Investments—publicly traded securities	<u></u>	18,192,377	11	16,249,884	
12 Investments—other securities. See Part IV, line 11 .	,		12		
13 Investments—program-related See Part IV, line 11.			13		
14 Intangible assets			14		
			15		
16 Total assets. Add lines 1 through 15 (must equal line	34)	18,836,862	16	17,113,689	
17 Accounts payable and accrued expenses	}		17 18		
19 Deferred revenue	}		19		
1		-	20	- .	
1	Tax-exempt bond liabilities				
	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors,				
	trustees, key employees, highest compensated employees, and				
23 Secured mortgages and notes payable to unrelated th	ird narties		22		
24 Unsecured notes and loans payable to unrelated third	· · · · · · · · · · · · · · · · · · ·		24		
25 Other liabilities (including federal income tax, payab	· }-	,		· · · · · · · · · · · · · · · · · · ·	
parties, and other liabilities not included on lines 17-2	4). Complete Part X				
			25		
26 Total liabilities. Add lines 17 through 25		0	26	0	
Organizations that follow SFAS 117 (ASC 958), che complete lines 27 through 29, and lines 33 and 34.	ck here ► ☐ and		٠.		
E 27 Unrestricted net assets	[18,836,862	27	17,113,689	
28 Temporarily restricted net assets	[28		
29 Permanently restricted net assets	[29		
complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmed Retained earnings, endowment, accumulated income, Total net assets or fund balances	eck here ► □ and		i .		
2 30 Capital stock or trust principal, or current funds .			30		
31 Paid-in or capital surplus, or land, building, or equipm	ent fund .		31		
32 Retained earnings, endowment, accumulated income,	or other funds		32		
33 Total net assets or fund balances		18,836,862	33	17,113,689	
34 Total liabilities and net assets/fund balances	<u> </u>	18,836,862	34	17,113,689	

Page	1	2

:Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,15	5,137
2.	Total expenses (must equal Part IX, column (A), line 25)	2		1,21	2,309
3	Revenue less expenses. Subtract line 2 from line 1	3		(5	7,172
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		18,83	6,862
5	Net unrealized gains (losses) on investments	5		(1,666	6,001
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		17,113	3,689
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·	<u></u>	<u> </u>	
			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	ı 🙀		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r 🔣		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	MINISTER AND IN THE	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	ì		
	separate basis, consolidated basis, or both:	-	- 4	*	
	Separate basis		يقلا		4.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		I		
	of the audit, review, or compilation of its financial statements and selection of an independent account the audit and account of the ac			1985 × 1950 × 10	Men of 2
	If the organization changed either its oversight process or selection process during the tax year, except the O	(plain ir	1	10	6 5
_	Schedule O.		ides		
за	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?.	torth ir	ı		
	-		3a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
	required addit or addits, explain why in Schedule O and describe any steps taken to undergo such a	iuuiis.	3b		
			Form	m 990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name	Name of the organization Employer identification number						number
	stone Family Fund, Inc					52-1249913	
Par							ns.
The c	organization is not a private foundar \(\subseteq \text{A church, convention of church} \) \(\subseteq \text{A school described in section} \)	hes, or associati	on of churches descri	bed in s e	ection 17	0(b)(1)(A)(i).	
3	☐ A hospital or a cooperative ho		•				
4	A medical research organization						(iii). Enter the
	hospital's name, city, and state						
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)						
	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs (A)(vi). (Complet	tantial part of its sup te Part II)	port from			the general public
8	A community trust described i	n section 170(b)) (1)(A)(vi). (Complete I	Part II)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable ii	exception	ns, and (2) no more ess section 511 tax	than 331/3% of its
10	☐ An organization organized and				-	•	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusi d organizations d	vely for the benefit of, escribed in section 50	to perfor 09(a)(1) o	m the fun r- section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check
а	▼ Type I A supporting organization (sorganization You must compared to the support organization You must companization You must you will be a provinced or you will be a	ation operated, so) the power to re	supervised, or control egularly appoint or ele	led by its	supporte	ed organization(s), ty	pically by giving
b	☐ Type II A supporting organic control or management of the organization(s). You must control to the control organization organization organization organization (s).	e supporting org	janization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and	
е		ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f	Enter the number of supported of	organizations			-		1
<u>g</u>	Provide the following information	n about the supp	orted organization(s)		_		
	(i) Name of supported organization	(ıi) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No	!	
(A) T	he Associated. Jewish Community Federation of Baltimore	52-0607957	9	х		620,050	0
(B)							
(C)							
(D)							·
(E)							
			1	1	1		

620,050

Total

supported organization

instructions

Schedu	le A (Form 990 or 990-EZ) 2015						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III If the organization fails to	ne box on lin	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	i)
	on A. Public Support			,			
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			-	•		
6	Public support. Subtract line 5 from line 4				٠	\$ 5 X 4 7	
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		-				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						·
12	Gross receipts from related activities, etc.	•	•	•		12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	•	n's first, secon	d, third, fourth · ·	, or fifth tax y	ear as a sectio	n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor	t Percentag	e				
14 15 16a	Public support percentage for 2015 (line 6) Public support percentage from 2014 Sch 33 ¹ / ₁₃ % support test—2015. If the organiz	nedule A, Part	II, line 14 .		1 line 14 is 331	14 15 15 17% or more C	% heck this
, 54	box and stop here . The organization qua					,5,0 Of more, O	► □
b	33 ¹ / ₃ % support test—2014. If the organ	-	*	-	16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The organ	zation qualifie	es as a publicly	supported org	janization		. ▶ □
17a	10% -facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization".	ets the "facts-	and-circumsta	inces" test, che	eck this box ar	nd stop here . E	Explain in
b	10% -facts-and-circumstances test-20	14. If the org	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	•		, p		·· <i>.</i>	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			, , ,		, , , , , , , , , , , , , , , , , , , ,	
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise				·		
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf .						
5	The value of services or facilities			·			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)	4					
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		1				
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	·					
11	Net income from unrelated business						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						1
42							
12	Other income Do not include gain or loss from the sale of capital assets				1		
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>	+				
	and 12.)						
14	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
<u> </u>	organization, check this box and stop he					• •	<u> </u>
	on C. Computation of Public Suppor					T-2-T	
15	Public support percentage for 2015 (line		•	3, column (f))		15	<u>%</u>
16	Public support percentage from 2014 Scl				•	16	%
	on D. Computation of Investment In					1.5	
17	Investment income percentage for 2015 (•		•	mn (t))	17	
18	Investment income percentage from 2014						
19a	331/3% support tests—2015. If the organ						
_	17 is not more than 33½, check this box	-	-	· ·		-	_
b	331/3% support tests—2014. If the organization 18 is not mark than 331/3% shock this						
••	line 18 is not more than 331/3%, check this	-	-	· ·		•	
20	Private foundation. If the organization di	a not check a	box on line 14	, 19a, or 19b,	cneck this box	and see instru	ctions 🕒 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	<u>art V</u>	<u>') </u>	
Secti	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status		l	
organization was described in section 509(a)(1) or (under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
40		3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	75		,
_	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	_	ž 22	. « <u>.</u>
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	> ~		#
	purposes	4c		-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		*	3
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;		*	ş · ·
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		ļ	
		5a	ļ	X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	,	ļ	نــــــــــــــــــــــــــــــــــــــ
•	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
с 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	50		
J	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	ļ		ļ
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8_		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		<u> </u>	ļ <u></u>
h		9a	-	X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	 	t
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	100		X
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943/6/(considering contains a se			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10-		
h		10a	-	X
р	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10F	-	-

Part	V Supporting Organizations (continued)					
	•		Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-	<u></u>			
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b	-	X		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X		
	on B. Type I Supporting Organizations	110	!			
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		_			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,					
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 -		ļ <u>.</u>		
2	Did the organization operate for the benefit of any supported organization other than the supported	-	X			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part					
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			*		
	supervised, or controlled the supporting organization	2	X			
Secti	on C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	*				
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s)	1		 		
Section	on D. All Type III Supporting Organizations		Į.	!		
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		»	,		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			ļ		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		^			
-						
	he organization maintained a close and continuous working relationship with the supported organization(s)					
3	By reason of the relationship described in (2), did the organization's supported organizations have a		*			
	significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			ļ		
Saction	on E. Type III Functionally-Integrated Supporting Organizations	3				
			- 4 *	-1.		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	Ction	S)'		
a b	☐ The organization satisfied the Activities Test. Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below					
C	The organization is the parent of each of its supported organizations. Complete line 3 below.	see ins	structi	ions)		
2	Activities Test Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,			•		
	how the organization was responsive to those supported organizations, and how the organization determined	ŀ	1			
	that these activities constituted substantially all of its activities	2a				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more					
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		 		
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
•	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	-			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_				

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI) ⁵	,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		-
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		*	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	*	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporting	n organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	nizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)	=:				
- 6 7	Other distributions (describe in Part VI) See instructions Total annual distributions . Add lines 1 through 6					
8	Distributions to attentive supported organizations to whic	h the ergonization is see		 		
0	(provide details in Part VI) See instructions	n the organization is res	ponsive			
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	·	-			
		(2)	(ii)	(iii)		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6	, "	· ·			
2	Underdistributions, if any, for years prior to 2015	, ,		* :		
	(reasonable cause required-see instructions)	* ′		*		
3	Excess distributions carryover, if any, to 2015	** ** *		* *		
<u>a</u>	\$ >, *	* , * .	·	* * * * * * * * * * * * * * * * * * * *		
b_	· · · · · · · · · · · · · · · · · · ·			€ 5 3		
<u>c</u> d	From 2013	· / * / * · · ·	4, * * * *	,		
e	From 2014					
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·			
g	Applied to underdistributions of prior years			* *		
h	Applied to 2015 distributable amount	«	« ' · »			
i	Carryover from 2010 not applied (see instructions)		× *4			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2015 from Section D, line 7 \$	4 . A * ^				
а	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount					
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7	Excess distributions carryover to 2016 Add lines 3j and 4c					
8	Breakdown of line 7					
a						
b						
<u>c</u>	Excess from 2013		· · · · · · · · · · · · · · · · · · ·			
d_	Excess from 2014					
<u> </u>	Excess from 2015]				

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
Part IV, Section A, Line 6 -
The Supported Organization works to preserve and enhance Jewish life. It addresses charitable, educational, religious, humanitarian,
health, cultural and social service needs of the Jewish community locally, nationally in Israel and throughtout the world
In furtherance of that mission, the Supported Organization encourages families to establish supporting organizations in
partnership with it, in order to engage interested donors and succeeding generations in philanthropic pursuits and
enhance both the Jewish and general communities in keeping with the Jewish tradition of repairing the world
All grants are made to tax-exempt charitable organizations registered with the Internal Revenue Service
Part IV, Section B, Line 2 -
Grants to organizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organization and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social justice work.

······································
······································

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	nizations Complete Part III			
Name	of organization			Employer iden	itification number
Pearls	tone Family Fund, Inc.			52-1249913	
Part	I-A Complete if the	e organization is exempt un	der section 501(c) or is a section 527 o	organization.
1	Provide a description of t	he organization's direct and indi	rect political campa	ign activities in Part IV.	
2	Political expenditures			▶ \$,)
3	Volunteer hours .		• • •		
Part		e organization is exempt un			
1		excise tax incurred by the organi			
2		excise tax incurred by organizati			;
3	-	ed a section 4955 tax, did it file F	•		= =
4a					Yes No
b	If "Yes," describe in Part			\	() (0)
Part		organization is exempt un			(c)(3).
, 1		y expended by the filing organ			
2		filing organization's funds controllers		anizations for section	
3		expenditures Add lines 1 and		•	
J					
4		file Form 1120-POL for this yea			Yes No
5		ses and employer identification n			
•		ents For each organization listed			
		intributions received that were pi			
	as a separate segregated	fund or a political action commit	ttee (PAC). If addition	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

P	art	II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ection ur	ıder
A		name, address, EIN, expen	ongs to an affiliated group (and list in Part IV esses, and share of excess lobbying expenditur	es).	oup mem	iber's
В	Cł	neck 🕨 🗌 if the filing organization che	cked box A and "limited control" provisions a	ipply.		
			ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affil group	
	1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)			
	b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)	25,000		
	С	Total lobbying expenditures (add lines 1a	and 1b)	25,000		
	d	Other exempt purpose expenditures		1,025,405		
	е	Total exempt purpose expenditures (add	lines 1c and 1d)	1,050,405		
	f	Lobbying nontaxable amount. Enter t	he amount from the following table in both			
		columns.		180,041		
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		, *	1 2 4
		Not over \$500,000	20% of the amount on line 1e			3. 4
		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	, <u>,</u>		4 10 10
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		. *	
		Over \$17,000,000	\$1,000,000	* 4 4 4 7		. it office
	g	Grassroots nontaxable amount (enter 259	% of line 1f)	45,010		
	h	Subtract line 1g from line 1a. If zero or les	ss, enter -0	0		
	i	Subtract line 1f from line 1c. If zero or les	s, enter -0	0		
	j		on either line 1h or line 1i, did the organization	file Form 4720		[57] N
		reporting section 4911 tax for this year?	<u> </u>		Yes	X No
		4-Yea	ar Averaging Period Under section 501(h)		_	-

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobby	ing Expenditures	During 4-Year Ave	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	157,274	156,303	180,315	180,041	673,933
b	Lobbying ceiling amount (150% of line 2a, column (e))	,	ş ,		* * *	1,010,900
С	Total lobbying expenditures	18,000	20,000	25,000	25,000	88,000
d	Grassroots nontaxable amount	39,319	39,826	45,079	45,010	169,234
е	Grassroots ceiling amount (150% of line 2d, column (e))	* ?	i de la companya de l	· ,	7	253,851
f	Grassroots lobbying expenditures	0	0	0	0	(

Schedule C (Form 990 or 990-EZ) 2015

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)	(b)
	ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		,	
а	Volunteers?			•
b b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			· · · · · · · · · · · · · · · · · · ·
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), d	or sec	
4	Wasser and a start all and a constant and a start at the later and a start at the start at the start and a start at the start			Yes
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
art	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		-	
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby			
7			41	
5	and political expenditure next year?		4 5	

5	Taxable amount of lobbying and political expenditures (see instructions)	5	
	t IV Supplemental Information		
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list instructions), and Part II-B, line 1. Also, complete this part for any additional information.	t); Pai	t II-A, lines 1 and
			•••••
	······································		
·			
	Schedule	C (For	n 990 or 990-EZ) 2015

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Pearlstone Family Fund, Inc

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2015

OMB No 1545-0047

Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Employer Identification number 52-1249913 °N □

□Yes

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance

the selection criteria used to award the grants or assistance?

Partill Grants and Other A 990, Part IV, line 21.	ssistance to Do	omestic Organiz that received me	ations and Domore ore than \$5,000	Part II can be d	nents. Complete uplicated if addit	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Attachment #1							
(2)							
(6)							
(4)							
(5)							
(9)							
(7)							
(8)	1						
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	in 501(c)(3) and go	vernment organizat	tions listed in the li	ine 1 table			1
١	UI gariizatioi is iisto	ח זון נווס ווווס - ימאור					0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Schedule I (Fo	Schedule I (Form 990) (2015)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	nestic Individua space is needed	als. Complete if the	e organization answ	ered "Yes" on Form 990,	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-				-		
7						
ო						
4		,		- -		
5				-		
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ne information re	equired in Part I, lir	ne 2, Part III, column	(b), and any other additi	onal information
Grants are r	Grants are reviewed to ensure that they are permissible and in accord with applicable laws and regulations	accord with applica	able laws and regulatio	Su		
The Founda	The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and takes such information	updates from the gr	antees regarding how g	rants are utilized, and ta	ikes such information	
into accouni	into account in considering future grant awards			-		
				-		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
				,		
				-		
		,				Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	one Family Fund, Inc. 52-1249913				_
Part	Questions Regarding Compensation				_
_			Yes	No	_
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	à	*	*	
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	1	,		
	☐ Travel for companions ☐ Payments for business use of personal residence				1
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees				1
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)				
		l.	٨		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	*	*		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to				
	explain	1b			
		K**	*	8	j
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line				
	1a ²	2			
		. >-	. 27	*	-
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	5	* '		1
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			,	•
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III		.`	_ 3_	1
-	☐ Compensation committee ☐ Written employment contract		* * .	s việt .	
	☐ Independent compensation consultant ☐ Compensation survey or study	* · ×	Styr .	<i>Ç</i> ₩# -	-
	Form 990 of other organizations Approval by the board or compensation committee	. 8	,	* ^* .	organic.
_		}			1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	& ·	<i>'</i> •	5 %	-
	organization or a related organization	<u> </u>	<u> </u>	2 N	
а	Receive a severance payment or change-of-control payment?	4a		X	_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X		_
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X	-
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	ľ			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			1	1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			1	-
3	compensation contingent on the revenues of.				
а	The organization?	5a		X	J
	Any related organization?	5b		X	-
	If "Yes" to line 5a or 5b, describe in Part III	100		<u> </u>	1
	in 100 to mile od or obj decombe in rate in				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				-
	compensation contingent on the net earnings of				
а	The organization? .	6a		X	لہ
	Any related organization?	6b		X	-
_	If "Yes" on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed				د.
	payments not described on lines 5 and 6? If "Yes," describe in Part III .	7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject				
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	8		Х	
					j
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53 4958-6(c)?	9	1		

Page 2

Schedule J (Form 990) 2015

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note: The sum of columns (D)() (iii) for each iisted moving equal the total amount of Form 1890, Fait VII) Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation	680	(B) Breakdown of	st equal the total affic f W-2 and/or 1099-MIS	C compensation	Wil, Section A, line	a, applicable colum	n (U) and (E) amount	s ror that individual
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	compensation	(D) Nontaxable benefits	(E) lotal of columns (B)(i)–(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
	Ξ						,	
1 Marc B Terrill	(ii)	471,726	75,000	28,221	009'09	19,266	654,813	
	(1)							
2 Darrell D Friedman	(E)				142,981		142,981	
	(I)							
3	€					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	€							
4	€							
	Θ							
5	€				(
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9	€					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	()							
8	(E)							
	(I)							
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11	Ξ							
	€							
12	(ii)							
	€				-			
13	(ii)							
	()							
14	(ii)							
	()							
15	E							
	Ξ							
16	(E)							
							Sch	Schedule J (Form 990) 2015

Part III Supplemental Information	Day 11 Alon company
frowner the information, or descriptions required for 1 art 1, miles 1a, 1b, 4c, 5a, 5b, 6a, 5b, 7, and 6, and for rait in Aso complete this paraformation	השל פוניו שופות וויופס המיו וויופ של פוניו
The Directors of the Pearlstone Family Fund, Inc. receive no compensation for their services. However one of the Directors	
are employed by the supported entity, The Associated Jewish Community Federation of Baltimore, Inc. (The Associated)	
All of the compensation and benefits listed are paid by The Associated, none of it is attributable to the service as a Director	
sind/or Officer of the Foundation	
agment to Darrell D. Friedman, a former employee of The Associated, in the amount of \$142, 891 was paid in 2015 under a deferred	
compensation agreement in place on December 31, 2013	
Part I, Line 4b	
Marc B Terrill participates in a nonqualified deferred compensation plan No amounts were paid out during the year (2015)	
: ≕	
A new five-year contract was executed for Marc B Terrill beginning January 1, 2013 Ther terms and conditions of the	
leferred compensation plan are outlined in the contract with The Associated	
-	
	Schodula 1/Earm 9001 2041

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Pearlstone Family Fund, Inc.	52-1249913
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors Richard L. Pearlstone,	P Justin Pearlstone and
Amy Elias have a family relationship	***************************************
Line 6 - The organization has two members, a Public Member-The Associated Jewish Community Federa	tion of Baltimore, Inc. and
Donor Member consisting of Richard L. Pearlstone.	
Line 7a - The Members appoint the Board of Directors The Public Member appoints the majority and the	Donor Members
appoint the remainder	
Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members before they are a	dopted.
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon comp	letion for
review prior to filing.	
Line 12c - The supported organization monitors and enforces the potential of any conflict of interests by	
regularly reviewing the Board of Directors, its actions and the investment of assets to ensure that it is in com-	pliance
with the conflict of interest policy	
Line 15 - Marc B Terrill participates in a nonqualifed deferred compensation plan. No amounts were ves	ted during the year (2015),
however \$50,000 was deferred and is included on Form 990, Part Vii, Column F and Schedule J, Part II, Co	lumn C A new five-year
contract was executed beginning January 1, 2013. Ther terms and conditions of the deferred compensation	plan are outlined
in the contract with The Associated	
Line 19 - The organization makes its governing documents and financial statements available to the public	upon request
·	•

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Pearlstone Family Fund, Inc

Partl

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990

▶ Information about Schedule R (Form 990) and its instructions is at www irs.gov/form990

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33

Open to Public

OMB No 1545-0047

Employer identification number Inspection

52-1249913

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 (f)
Direct controlling
entity ŝ \times Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Yes (f)
Direct controlling
entity (e) End-of-year assets Ϋ́ (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501 (c)(3) (c)
Legal domicile (state or foreign country) MD (b) Primary activity Exempt organization (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) The Associated Jewish Community Federation of Baltimore, Inc. (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization 101 W Mt Royal Avenue Baltimore, MD 21201 (2) (2) Part II **(4**) (9) 9 9 ව 3 € 9 € 2

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(k) Percentage (i) Section 512(b)(13) controlled ŝ on Form 990, Part IV, Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year ŝ (I) General or managing partner? (h) Percentage ownership amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) end-of-year assets (g) Share of Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (h)
Disproportionate
allocations? ŝ (f) Share of total Yes Income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (state or foreign country) (c) Legal domicile (d)
| Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization æ (1) N/A (1) N/A Part III Part IV 6

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	ited Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
-orm 990) 2015	Transactions With Related Organizations Comp
Schedule R (i	Part V

Note.	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			•		Yes	Ŷ
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-1V?	nore related organıza	ations listed in Parts	: HX			, N
æ	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•		1 a		×
٩	Gift, grant, or capital contribution to related organization(s)			•	1b	×	
ů	Gift, grant, or capital contribution from related organization(s)		•		10		×
	Loans or loan quarantees to or for related organization(s)			•	1d		×
	l come or loan an arantene by related organization(s)				5	1	: ;
ש	Loans of loan gualantees by related organization(s)				2		×
-	Dividends from related organization(s)				16	**************************************	×
0	Sale of assets to related organization(s)				10		>
	Durchage of accete from related organization(c)				2 4	+	< >
	יייייייייייייייייייייייייייייייייייייי				=	1	: ا>
_	Exchange of assets with related organization(s)			•	=		\times
_	Lease of facilities, equipment, or other assets to related organization(s)				<u>.</u>		×
*	Lease of facilities, equipment, or other assets from related organization(s)				# # *		্ শু×
	Performance of services or membership or fundraising solicitations for related organization(s)				=		×
Ε	Performance of services or membership or fundraising solicitations by related organization(s)				E,		×
c,	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1-		×
0	Sharing of paid employees with related organization(s)				10	×	
					. * 		
a T	Reimbursement paid to related organization(s) for expenses				1p		×
	Reimbursement paid by related organization(s) for expenses				19		×
				-			
_ u	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)			•	7 5		×
1	for information on who must	complete this line, including covered relationships and transaction thresholds	no covered relation	ships and transaction	on thres	holds	, ا
		(2)	10000		3	2	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	g amount	involve	D
€							
=							-
(2)							
8							
2							
(4)							
(2)							
(9)							
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Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	3	[5]	3	3			14			1
(a) Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of	(g) Share of	Disproportionate	Code V—UBI		(n) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income		allocations?	of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)	Yes No			Yes No	-	Yes No	
(1)										
(2)										
(3)										<u>;</u>
(4)						:				
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